

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027347

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 944

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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| Rev. 4/59 | |
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 12 1963

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>St. Joseph,</u> TOWN | | Length of stay in 1b <u>1yr</u> | c. CITY OR TOWN <u>St. Joseph,</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>301 Illinois Ave</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>3106 So 15th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>R Elmore Parker, Jr</u> | | 4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 13, 1927</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Masonry</u> | 9. AGE (last birthday) <u>36</u> |
| 11a. FATHER'S NAME <u>Elmore Parker, Sr</u> | | 11b. MOTHER'S MAIDEN NAME <u>Ollie Sanders</u> | 11. BIRTHPLACE (City and state or country) <u>Cove Arkansas</u> |
| 12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW#11</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Elmore Parker, Sr</u> | | 14. NAME OF HUSBAND OR WIFE <u>Betty Jean Parker,</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW#11</u> | | 16. SOCIAL SECURITY NO. <u>WW#11</u> | |
| 17. INFORMANT <u>Betty Jean Parker, St. Joseph, Mo</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> |
| DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | <u>unknown</u> |
| DUE TO (c) <u>Arteriosclerosis</u> | | | <u>unknown</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>3:35</u> Month, Day, Year <u>7/29/63</u> a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION <u>St. Joseph, Missouri</u> | COUNTY STATE |
| 21. I attended the deceased from <u>7/29/63</u> to <u>7/29/63</u> and last saw her/him alive on <u>7/29/63</u> Death occurred at <u>3:35 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Sharon E Waggoner M.D.</u> | | 22b. ADDRESS <u>301 Illinois Ave</u> <u>St. Joseph, Missouri</u> | 22c. DATE SIGNED <u>7/31/63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>8/3/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo</u> |
| 24. FUNERAL DIRECTOR <u>John E. Rupp</u> | ADDRESS <u>St. Joseph, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Aug 8, 1963</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Hoodell</u> |

S.F. Waggoner (M.D.)

USE BLACK INK OR TYPEWRITER RIBBON

AUG 14 1963

Permit issued 7-31-63
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John E. Pugh

Licensed Embalmer No. 3986

P. O. Address H. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

G-0P